

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10807489  
APPLICANT(S)

FILED DATE 3-24-04

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		6				
8		6				
9		6				
10		6				
11		6				
12		①				
13		6				
14		6				
15		①				
16		6				
17		6				
18		6				
19		6				
20		①				
21	1					
22						
23						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	26					
TOTAL CLAIMS	26					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						